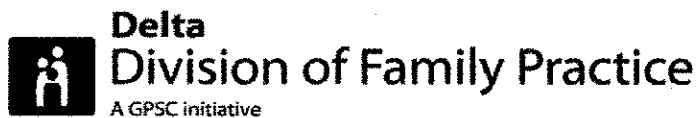


ANNUAL REPORT

APRIL 1, 2013 – MARCH 31, 2014



BOARD CHAIR ANNUAL REPORT

April 1, 2013 – March 31, 2014

The January 23, 2014 Annual General Meeting marked the retirement of three of five inaugural Division board members. A sincere thank you to Sylvia Henderson, Ruth Turnbull and Ljiljana Kordic for your commitment, hard work and leadership guiding the Delta Division of Family Practice.

Calvin Cheng and I remained on the board with the addition of Randy McQuaig, Craig Martin, Dan Rubin, Jim Park and Sandy Chuang to bring the total board member composition to seven. A motion passed by the membership at the AGM supported this increase in the number of board members. The larger board reflects the increased time, complexity and intensity of work required.

Progress in some of our work was slowed due to changes in the coordinator position. Gord Collings was hired as Coordinator in September 2012 and resigned in early July 2013. Diane Harper, our Administrative Assistant, willingly took on the additional role of Coordinator until Joy McConnell became Coordinator in December. We are grateful to Diane for her hard work and dedication from July through December.

In spite of these challenges the Delta Division of Family Practice continued to work diligently on behalf of our physician members and the community.

We concentrated our committee work on recruitment and retention, orthopaedic care, mental health and A GP for Me. Developing stronger, collaborative relationships with our members, community groups, government and Fraser Health Authority has been a priority.

As your lead physician I represent the division at Provincial division conferences, Fraser Health Inter-Divisional meetings. I co-chair the Collaborative Services Committee (CSC) with Dr. John Hamilton, Program Medical Director Primary Care, Fraser Health Authority. The CSC committee currently has representation from Delta Division, GPSC, Ministry of Health and Fraser Health Authority. The CSC looks for solutions to improve patient care through open communication and collaboration.

A presentation was made by your Lead Physician to Delta Mayor Lois Jackson, Council and staff. Our invitation to work as partners was received with enthusiasm. We plan to introduce permanent Corporation of Delta representation on our CSC committee.

The board is committed to developing an application for A GP for Me Assessment and Planning Phase funding. In October 2013 a Letter of Intent to participate in the Attachment Initiative was submitted. In February 2014 the Board agreed by consensus to move ahead with an application to apply for Assessment and Planning funding. In March the process of choosing a consultant to prepare the proposal began.

Delta Division members were pleased to be invited and participated in two White Rock Physicians Advocating Wellness (PAW) events. Developing local PAW initiatives is a priority of the delta division.

The board passed a motion to support a task force that will look to build a consensus document representing Delta physician recommendations for Delta Hospital.

The new board is eager to develop comprehensive strategic and operational plans that will be integrated with the current and A GP for Me projects.

With the added capacity from A GP for me the board is committed to listen to physician division members in order to gain an even deeper understanding of our specific needs, We will broaden our scope to the Delta community and seek to develop strong relationships with fellow care providers, stakeholders and patients. Our ultimate goal is to provide a positive process for influence and impact on primary care in Delta.

It continues to be a privilege to serve as Lead Physician. Thank you for your continued participation. I am committed to working toward activities and projects that support primary care physicians and our patients through meaningful collaboration and cooperation.

Martin Ray, Lead Physician

Mental Health and Addictions

Chair, Dr. Jim Park

The Mental Health committee has been working towards achieving the wishes of the membership of the division as it was clear from the mental health survey completed in December 2013 that mental health is a priority in Delta. From the survey, multiple needs were identified with the priority items being addictions/substance abuse treatment both inpatient and outpatient, rapid access to counselling services, rapid access to urgent psychiatric consultation for outpatients and a current list of resources be made available to our patients.

In our work with various stakeholders it has become clear that multiple groups have an interest in this area, thus we have started the process building consensus within the community.

Attachment Initiative (A GP for Me) Physician Lead, Craig Martin

In May, 2013 Delta Division of Family Practice board of directors unanimously agreed to move ahead with the GPSC Attachment Initiative (A GP for Me). Subsequently a Letter of Intent was prepared and submitted in October 2013.

At the February 4, 2014 board meeting I was assigned the task to form an Attachment Initiative committee. This will be completed and meetings will begin by mid-year 2014.

Orthopaedic Care

Chair, Dr. Martin Ray

The Orthopaedic Committee met seven times during the period April 1, 2013 – March 31, 2014. A survey was conducted during November and December 2013. Results of the survey were presented to our Collaborative Services Committee (CSC) in March. Dr. John Hamilton, co-chair of the CSC and Director of Primary Care described the report as compelling in its purpose and content. As a result, Fraser Health Authority made a commitment to the division for a solution.

Community Health

Chair, Dr. Randy McCuaig

The Community Health committee is currently on hold. Committee will be formed, and meetings will begin in conjunction with plans for A GP for Me Attachment initiative.

Recruitment and Retention

Chair, Dr. Sandy Chuang

With the addition of four new physicians to Delta, the committee focused on supporting the new doctors and attaching patients to these GPs. The division prepared and circulated the names of these physicians ,who are accepting patients, to the hospital, emergency department and GPs with full practices. With the goal of attracting new graduates to the community, the committee is planning to connect with the South Fraser Residency Program and IMG electives to attract more physicians to Delta.

The Regional Recruitment Strategy partnership of Delta, Langley and Surrey-North Delta divisions provided a model for collaborative learning, rooted in collegiality and a commitment to serving the needs of their divisions. Prior to ending the formal relationship between the three divisions, our board requested an independent evaluation of the Regional Program.

Our division learned the importance to embrace Delta community's uniqueness as a strength to recruit new physicians.

**Delta Division Board of Directors
Elected, Annual Meeting January 23, 2014**

Martin Ray – Chair
Craig Martin – Vice-Chair
Randy McCuaig – Secretary/Treasurer
Jim Park
Sandy Chuang
Calvin Cheng
Dan Rubin

Division staff members

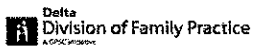
Joy McConnell – Executive Director
Diane Harper – Administrative Assistant

Delta Division contact information:

delta@divisionsbc.ca

The Division of Family Practice initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and Services and the BC Medical Association.

www.divisionsbc.ca/delta



**DELTA DIVISION OF FAMILY PRACTICE
FINANCIAL STATEMENTS**

March 31, 2014

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AUDITOR'S REPORT

To the Directors of
Delta Division of Family Practice

I have audited the accompanying financial statements of Delta Division of Family Practice, which comprise the statement of financial position as at March 31, 2014, and the statement of operations, statement of changes in net assets and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted the audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion the financial statements present fairly, in all material respects, the financial position of Delta Division of Family Practice as at March 31, 2014 and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



Cran & Company
Certified General Accountant

Delta, B.C.
May 22, 2014

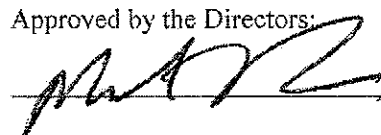
**DELTA DIVISION OF FAMILY PRACTICE
STATEMENT OF FINANCIAL POSITION
March 31, 2014**

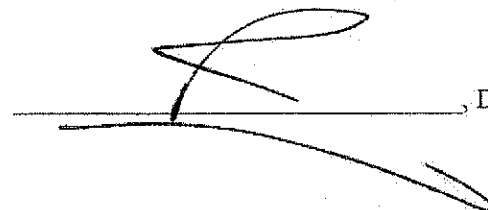
ASSETS			
		<u>2014</u>	<u>2013</u>
CURRENT			
Cash	\$	5,205	\$ -
Short-term investments		-	43,363
Other receivables (note 3)		2,236	236
Prepaid expenses		552	414
TOTAL CURRENT ASSETS		7,993	44,013
CAPITAL ASSETS (notes 1, 2)		1,069	1,954
TOTAL ASSETS		\$ 9,062	\$ 45,967

LIABILITIES			
CURRENT			
Cheques issued in excess of deposits	\$	-	\$ 1,415
Accounts payable and accrued liabilities (note 4)		27,411	3,875
Deferred revenue (note 5)		-	41,705
TOTAL CURRENT LIABILITIES		27,411	46,995

NET ASSETS			
Invested in capital assets		1,069	1,954
Unrestricted		(19,418)	(2,982)
TOTAL NET ASSETS		(18,349)	(1,028)
TOTAL LIABILITIES & NET ASSETS		\$ 9,062	\$ 45,967

Approved by the Directors:

 , Director

 , Director

DELTA DIVISION OF FAMILY PRACTICE
STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
For the year ended March 31, 2014

	<u>2014</u>	<u>2013</u>
REVENUE		
Doctors of BC	\$ 185,470	120,418
Interest	1	716
	<hr/> 185,471	<hr/> 121,134
OPERATING EXPENSES		
AGM	1,967	2,531
Advertising	2,185	404
Amortization	885	595
Audit	3,000	3,000
Bank charges	425	356
Bookkeeping	1,722	1,120
Collaborative services committee	2,975	1,807
Conferences	2,875	2,802
Continuing medical education	-	1,443
Contracted administrator	23,491	5,311
Executive Director	35,804	34,531
Human resources	1,631	-
Insurance	573	688
Licenses and dues	75	25
Meeting costs	372	4,436
Membership events	24,802	6,930
Mental health	8,261	351
Office supplies	2,153	1,949
Operations	25,333	73
Orthopaedics	16,016	1,581
Physician board	33,894	39,908
Printing	1,058	790
Recruitment	13,207	11,276
Travel	88	255
	<hr/> 202,792	<hr/> 122,162
Excess (deficiency) of revenues over expenses	(17,321)	(1,028)
Net assets, beginning of year	716	
Prior period adjustment	(1,744)	
	<hr/> \$ (18,349)	<hr/> (1,028)

DELTA DIVISION OF FAMILY PRACTICE
STATEMENT OF CASH FLOWS
For the year ended March 31, 2014

	<u>2014</u>	<u>2013</u>
OPERATING ACTIVITIES		
Receipts	141,766	162,602
Payments to suppliers	<u>(178,509)</u>	<u>(118,105)</u>
Cash income from operations	<u>(36,743)</u>	<u>44,497</u>
INVESTING ACTIVITIES		
Purchases of equipment		-
- Equipment	-	(603)
- Computer hardware	<u>-</u>	<u>(1,946)</u>
Cash provided by (used in) investing	<u>-</u>	<u>(2,549)</u>
(DECREASE) INCREASE IN CASH	(36,743)	41,948
CASH, beginning of year	<u>41,948</u>	<u>-</u>
CASH, end of year	<u>\$ 5,205</u>	<u>\$ 41,948</u>
REPRESENTED BY:		
Cash (Bank indebtedness)	\$ 5,205	\$ (1,415)
Short-term investments	<u>-</u>	<u>43,363</u>
	<u>\$ 5,205</u>	<u>\$ 41,948</u>

**DELTA DIVISION OF FAMILY PRACTICE
NOTES TO FINANCIAL STATEMENTS
March 31, 2014**

PURPOSES OF THE ORGANIZATION

The purposes of Delta Division of Family Practice ("the Society") are:

- a) to provide leadership, guidance and support to family physicians in the Delta area in order to enhance patient care in the community;
- b) to provide a forum for family physicians to represent their expertise as it relates to issues affecting community and patient health;
- c) to provide a forum for innovative and collaborative approaches to healthcare with other stakeholders;
- d) to participate in the planning of improvements, research and evaluation in relation to patient care;
- e) to develop and administer programs related to physician well-being;
- f) to do all such other things as are incidental and ancillary to the attainment of the foregoing purposes and the exercise of the powers of the Society.

Delta Division of Family Practice was incorporated under the Society Act of British Columbia on October 7, 2011 as a not-for-profit organization and is therefore exempt from income tax.

1. SIGNIFICANT ACCOUNTING POLICIES

- a) Basis for accounting:
The Society prepares its financial statements in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO).
- b) Capital assets:
Amortization of capital assets is recorded at the following rates, which have been established by estimates of useful lives. Additions during the current year are amortized at one-half their normal rates, and no amortization is taken in the year of disposition.

Equipment	20% declining balance
Computer hardware	55% declining balance

- c) Management estimates:
The preparation of financial statements in conformity with ASNPO requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Significant areas requiring the use of management estimates relate to the impairment of assets, amortization rates, and allowances for doubtful accounts. Actual results could differ from those reported.

**DELTA DIVISION OF FAMILY PRACTICE
NOTES TO FINANCIAL STATEMENTS
March 31, 2014**

SIGNIFICANT ACCOUNTING POLICIES CONT'D

d) Financial instruments:

The Society uses risk management to monitor and manage risk arising from financial instruments. These risks include credit risk, interest rate risk and liquidity risk.

The Society does not use any derivative financial instruments to mitigate these risks.

Credit risk:

Credit risk arises from cash and cash equivalents and term deposits. Cash and cash equivalents are deposited with reputable, major financial institutions to limit the credit risk exposure. The term deposits are issued by reputable, major financial institutions and as a result the risk of non-performance of these instruments is remote.

Interest rate risk:

The Society is exposed to interest risk with respect to cash and cash equivalents and term deposits. Changes in interest rates can affect the fair value of investments and the cash flows related to interest income and expense.

Liquidity risk:

Liquidity risk exposure is dependent on the receipt of funds from Doctors of BC.

e) Revenue recognition:

Contributions related to the general operations are recognized as revenue in the year in which the related expenses incurred.

2. CAPITAL ASSETS

	<u>2014</u>			<u>2013</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net</u>	
Equipment	\$ 603	\$ 169	\$ 434	\$ 543
Computer hardware	<u>1,946</u>	<u>1,311</u>	<u>635</u>	<u>1,411</u>
	<u>\$ 2,549</u>	<u>\$ 1,480</u>	<u>\$ 1,069</u>	<u>\$ 1,954</u>

3. OTHER RECEIVABLES

Other receivables is comprised of 4 double payments made by the Society for reimbursements of time. These amounts are due to the division and have since been paid. The Society has altered their policy regarding reimbursements to prevent these types of errors in the future.

**DELTA DIVISION OF FAMILY PRACTICE
NOTES TO FINANCIAL STATEMENTS
March 31, 2014**

4. ACCOUNT PAYABLE AND ACCRUED LIABILITIES

	<u>2014</u>	<u>2013</u>
Accounts payable	24,021	-
Accounting accrual	<u>3,390</u>	<u>3,875</u>
	<u>27,411</u>	<u>3,875</u>

5. DEFERRED REVENUE

The deferred revenue reported represents restricted operating funding received in the current period from Doctors of BC. Any unspent funds must be returned unless approval for carry over to the following year is granted. Due to the deficit in 2014 there was no deferral amount.

6. ECONOMIC DEPENDENCE

Delta Division of Family Practice's primary source of income is from the Doctors of BC. The Society's ability to continue viable operations is dependent on this funding.

7. GOING CONCERN

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations that are applicable to an organization that will continue in operation for the foreseeable future and will be able to realize its assets and discharge its liabilities in the normal course of operations (a "going concern"). However, these standards are potentially inappropriate as there is significant doubt concerning the Society's ability to continue as a going concern. Considering the significant operating loss, the Society's ability to realize its assets and discharge its liabilities depends on the continued support of Doctors of BC. Management has requested an increase in their funding and will adjust their expenses according to their funding. The financial statements do not reflect adjustments that would be necessary if the going-concern assumption were not appropriate, as management believes that the measures described above will mitigate the effect of the conditions that raise doubt about the appropriateness of this assumption.